



# Required Immunization Form

Return form in envelope provided or mail to:  
Student Health Services  
2043 College Way  
Forest Grove, OR 97116  
Fax: 503-352-3105 Phone: 503-352-2269

## Eugene/Woodburn Campus

### STATE OF OREGON REQUIRED MEASLES IMMUNIZATION

Eugene Education	Woodburn Education
Eugene Masters in Social Work	

Oregon law requires students born after December 31, 1956 to have **two** doses of a measles vaccine currently given as an MMR (Measles, Mumps, Rubella). To comply, please complete the following form and return to Student Health Services. **Students who do not complete this form will experience a registration hold.**

#### Student Information Section (Print Clearly)

Last Name(s)	First Name(s)	Middle Name(s)	Date of Birth (Mon/ Day/ Year)
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### MMR (Measles, Mumps, Rubella) Required Immunization (Complete Section A or Section B)

Immunization records may generally be obtained from your family physician or provider, last high school or college attended, military records or your parents.

##### Section A

I have had two doses of measles vaccine on or **after** my first birthday which were at least 28 days apart.

1<sup>st</sup> dose date \_\_\_\_\_  
(Month/ Day/ Year)

2<sup>nd</sup> dose date \_\_\_\_\_  
(Month/ Day/ Year)

##### Section B (Exemptions to measles requirement)

- My birth date is before January 1, 1957.
- My measles (**rubeola**) titer (blood test) report is attached and indicates that I am immune to measles.
- A signed physician/ nurse practitioner/ physician assistant statement is attached verifying I have had a medical reason for not receiving the immunization (i.e. anaphylactic reactions to eggs, or immunocompromised state, etc.).
- My non-medical exemption certificate is attached. A non-medical exemption certificate can be obtained by reviewing the vaccine education module at [www.healthoregon.org/vaccineexemption](http://www.healthoregon.org/vaccineexemption), printing and submitting certificate of completion; or by downloading a Vaccine Education Certificate from the same site to be signed in consultation with a health care practitioner.

By signing below, I understand that if I have not received the measles vaccine I am at risk of acquiring the measles virus. In the event of a measles outbreak, I understand I may be excluded from the university under the direction of the local health officer or the Student Health Center Director. I also agree to defend, indemnify, and release the university from any and all claims resulting from my failure to receive the measles vaccine.

#### Student Signature for Measles Exemption:

Signature \_\_\_\_\_

Date \_\_\_\_\_